## Rec'd PCT/PTO 2 n JAN 2006

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613-952-6082

T-930 P005/007 F-089

| COMBINED DECLARATION & POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION |       |        |  | Attorney Docket Number | 11439-1   |  |  |
|---|-------|--------|--|------------------------|-----------|--|--|
|   |       |        |  | First Named Inventor   | Yuning Li |  |  |
|   |       |        |  | COMPLETE IF KNOWN      |           |  |  |
| (37 CFR 1.63)   |       |        |  | Application Number     |           |  |  |
| ☑ Declaration Submitted With Initial Filing                                       | OR E  |        | Declaration Submitted After Initial Filing (37 CFR 1.18(e) Required) | Filing Date            |           |  |  |
|   |       |        |  | Group Art Unit         |           |  |  |
|   |       |        |  | Examiner Name          |           |  |  |
|   |       |        |  |                        | -         |  |  |
| As a below named  | inven | tor, i | hereby declare tha   | t:                     |           |  |  |

| As a below named                             | inventor, I hereby deci   | are that:  |  |                 |                       |
|--|---|--|--|-----------------|-----------------------|
| My residence, post o                         | ffice address, and citizer  | nship are as stated belo                               | w next to my name.                                   |                 |                       |
|  | ginal, first and sole invenstated below) of the subje   |  |  |                 |                       |
| THERMALLY                                    | CROSSLINKABLE I   | MATERIALS AND MU                                       | JLTI-LAYERED DEVI                                    | CES THERE       | :FROM                 |
| the specification of w                       | hich  |  |  |                 |                       |
| is attached here                             | to OR   |  |  |                 |                       |
|  | 0/2002 and 01/14/2003 oplication Number <u>PCT/C</u>  |  |  |                 | 311or PCT             |
|  | ave reviewed and under<br>by any amendment spec   |  |  | ication, includ | ing the               |
| continuation-in-part a                       | ty to disclose information pplications, material info ational or PCT internation  | mation which became a                                  | available between the fili                           | ng date of the  | netuding for<br>prior |
| inventor's certificate, the United States of | priority benefits under 3<br>or 365(a) of any PCT int<br>America, listed below and<br>s certificate, or of any Po<br>priority is claimed. | ernational application wi<br>d have also identified be | hich designated at least<br>low, by checking the box | one country o   | ther than application |
| Prior Foreign<br>Application Number(s)       | Country   | Foreign Filing Date (MM/DD/YYYY)                       | Priority Not Claimed                                 | Certified Cop   | y Attached?<br>No     |
|  |   |  |  |                 | 0                     |
|  |   | :  | 0  | 0               |                       |
| ☐ Additional foreign                         | un application numbers are  | listed on a supplementary                              | priority data sheet (PTO/SB                          | /02B) attached  | hereto:               |

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| COMBINED DECLARATION & Utility or Design Par   |   | RNEY-   | Attorney Doc   | ket No. 11439  | -1                                  |
|--|---|---|--|--|-------------------------------------|
| I hereby appoint Practitioners at Custon   | ner Number 25277  |   |  |  |                                     |
| as my/our attorney(s) or agent(s) to pro-<br>United States Patent and Trademark Of   | secute the application in   | dentified abo<br>th.  | ove, and to trans  | act all busine                                       | s in the                            |
| Direct all correspondence to:  | J. Wayne Andersor<br>National Research<br>Intellectual Property<br>EG-10, Bldg. M-58,<br>Ottawa, Ontario, Ca<br>Tel: (613) 993-389<br>Facsimile: (613) 95 | Council of (<br>y Services (<br>, Montreal R<br>anada K1A<br>9      | Canada<br>Office<br>Road   |  |                                     |
| I hereby declare that all statements made he<br>and belief are believed to be true; and furthe<br>the like so made are punishable by fine or im<br>such wilful false statements may jeopardize t | erein of my own knowledg<br>or that these statements w<br>oprisonment, or both, unde<br>he validity of the application                                    | ge are true an<br>ere made with<br>or Section 100<br>on or any pate | d that all statemer<br>in the knowledge th<br>in of Title 18 of the<br>int issued thereon. | nts were made<br>lat wilful false s<br>United States | on informa<br>tatements<br>Code and |
| NAME OF SOLE OR FIRST INVENTOR   | ₹:  | ☐ A petiti  | ion has been filed   | for this unsigne                                     | d inventor                          |
| Given Name (first and middle [if any])   | Yuning  | Family Na   | me or Surname  | Li   |                                     |
| Inventor's Signature   | igh.  | Date A  | pril 27,   | 2005   |                                     |
| Residence: Mississauga   | State Ontario   | Country   | Canada &AX   | Citizenship  | Canada                              |
| Mailing Address 3498 Copernicus D  | )rive   |   | <del></del>  |  |                                     |
| City Mississauga   | State Ontario   | ZIP   | L5B 3K5  | Country  | Canad                               |
| NAME OF SECOND INVENTOR:   |   | ☐ A petiti  | on has been filed t  | or this unsigne                                      | d inventor                          |
| Given Name (first and middle [if any])   | Jianfu_   | Family Na   | me or Surname  | Ding   |                                     |
| Inventor's Signature   | Dig   | Date  | May 1  | 2 25   |                                     |
| Residence: City Ottawa   | State Ontario   | Country (   | Canada CAX   | Citizenship  | Canada                              |
| Mailing Address 1413 Forest Valley   |   | •   | 7  |  |                                     |
| City Ottawa  | State Ontario   | ZIP   | K1C 5M8  | Country  | Canad                               |
| NAME OF THIRD INVENTOR:  |   | ☐ A petition  | on has been filed f  | or this unsigned                                     | inventor                            |
| Given Name (first and middle [if any])   | Michael   | Family Nar  | me or Surname  | Day  |                                     |
| Inventor's Signature M   | 5   | Date  | 24 Mu  | _ 03   |                                     |
| Residence: City Orleans  | State Ontario   | Country C   | Canada CA  | Citizenship  | Canada                              |
| Mailing Address 994 Buckskin Way   |   |   | <del></del>  |  |                                     |
|  |   |   |  |  |                                     |

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613-952-6082

T-930 P007/007 F-089

| COMBINED DECLARATION & PO<br>Utility or Design Patent |               | NEY-   | ADDITIONAL INVENTOR(S) Supplemental Sheet 11280-01 US |                    |  |  |
|---|---------------|--|---|--------------------|--|--|
| NAME OF FORTH INVENTOR:                               |               | ☐ A petition has been filed for this unsigned inventor |   |                    |  |  |
| Given Name (first and middle [if any])                | e             | Family N   | ame or Surname  | Тао                |  |  |
| Inventor's Signature                                  | av            | Date April 26, 2005                                    |   |                    |  |  |
| Residence: City Ottawa                                | State Ontario | Country  | Canada CAX  | CitizenshipCanada  |  |  |
| Mailing Address 1671, Place des Ravins                |               |  |   |                    |  |  |
| City Ottawa   | State Ontario | ZIP K1C  | 6H5   | Country Canada     |  |  |
| NAME OF FIFTH INVENTOR:                               |               | ☐ A petition has been filed for this unsigned inventor |   |                    |  |  |
| Given Name (first and middle [if any])                | arie          | Family Name or Surname D'Iorio                         |   |                    |  |  |
| Inventor's Signature Marie D'Imi                      |               |  | Date Amil 25, 2005                                    |                    |  |  |
| Residence: City Gloucester                            | State Ontario | Country  | Canada  | Citizenship Canada |  |  |
| Mailing Address 1954 Mulberry Crescent                |               |  |   |                    |  |  |
| City  | State Ontario | ZIP K1J  | 8J9 CAX   | Country Canada     |  |  |
| NAME OF SIXTH INVENTOR:                               |               | A petition has been filed for this unsigned inventor   |   |                    |  |  |
| Given Name (first and middle [if any])                |               | Family Name or Surname                                 |   |                    |  |  |
| Inventor's Signature                                  |               | Date   |   |                    |  |  |
| Residence: City                                       | State         | Country  | _   | Citizenship        |  |  |
| Mailing Address                                       |               |  |   |                    |  |  |
| City  | State         | ZIP  |   | Country            |  |  |
| NAME OF SEVENTH INVENTOR:                             |               | ☐ A petition has been filed for this unsigned inventor |   |                    |  |  |
| Given Name (first and middle [if any])                |               | Family Name or Surname                                 |   |                    |  |  |
| Inventor's Signature                                  |               | Date   |   |                    |  |  |
| Residence:  | State         | Country  |   | Citizenship        |  |  |
| Mailing Address                                       |               |  |   |                    |  |  |
| City  | State         | ZIP  |   | Country            |  |  |

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